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ABSTRACT

The earlier a parent can detect and respond to a child's involvement with alcohol and other drugs (AOD), the better. Just as early detection heightens the cure rate for cancer, so too does early intervention increase the chances of ending AOD use. This booklet outlines warning signs of AOD use and lists the hazards of adolescent drug use. Suggestions are given on how to respond to evidence that the child is using AOD. Even though the parent should be supportive, it is important to allow the child to face the natural or logical consequences of misuse or abuse of substances. It is important in the early intervention process to stay close to the child through monitoring. The booklet also includes ideas about where to turn for help and resources to help both parent and child. A comprehensive assessment, such as those provided by the University of Wisconsin's Adolescent Alcohol/Drug Abuse Intervention, can help parents understand the extent of the child's AOD involvement. Parents and their children should understand that the road to recovery is not a smooth one, but that they do not have to travel it alone. (Contains 23 references.) (SLD)

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A PARENTING SKILLS SERIES FOR FAMILIES WITH ADOLESCENT CHILDREN

early intervention

how parents can help adolescent children who may be using drugs

EDITED BY

DIANE FRANKLIN AND KAREN BANKSTON

WISCONSIN CLEARINGHOUSE

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from "Who's Raising the Family?"
one of a series published by Wisconsin Clearinghouse for Prevention Resources

edited by
Diane Franklin
Karen Bankston

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"Intervention has an important role at all points along the continuum of alcohol and other drug services. In fact, research has demonstrated that the sooner parents and concerned others interrupt and curtail a young person's use of substances, the greater the likelihood of avoiding the more serious and harder to treat problems down the road. Statistically, we also know that our youth are using chemicals at frighteningly younger and younger ages; hence the need for us to be ever vigilant in identifying and intervening at the earliest possible moments, and in the most helpful and productive of ways."

KATHRYN WOLF, DEPUTY DIRECTOR
WISCONSIN CLEARINGHOUSE
FOR PREVENTION RESOURCES

You've had an uneasy feeling for several weeks now. Your teenager, who had always been outgoing and talkative, has become sullen and withdrawn.

He no longer spends much time with the friends you know and like. Now he's hanging out with a new crowd you've never even met. What's more, his physical appearance has taken a definite turn for the worse. He looks unkempt, even downright grungy. His latest report card shows a disturbing drop in grades. Most troubling, his red-rimmed eyes and glazed-over appearance make you suspect your child is abusing alcohol or other drugs.

The idea that your child may be involved with alcohol or other drugs, known by the acronym AOD, can be a terrifying prospect for a parent. Perhaps you have insulated yourself with the conviction that "this could never happen to my child," but many experts agree such a belief is dangerous.

Certainly, some adolescents are at greater risk than others. For instance, children who have alcoholic parents are four times more likely than other children to become alcoholics, the National Association for Children of Alcoholics reports. In addition, research has consistently shown that children who have little parental monitoring in their lives are at a higher risk of starting to use tobacco, alcohol or other drug than those who are well connected to their parents. Also at high risk are preteens and teenagers who associate with a peer group that is already using these substances.

Keep in mind that even children who might be perceived as low risk for AOD use may still develop an alcohol or other drug problem. Adolescence is a time of anxiety and emotional turmoil. As

children enter middle school and high school, they may feel a sense of newfound freedom and a desire to test the boundaries of that freedom. In their desire to "fit in," they may venture into new experiences they have never tried before. In fact, they may feel that smoking and drinking are a normal rite of passage for their age group. In their desire to experience new sensations and to develop new friendships, adolescents might even justify other risky behaviors — inhaling cleaning fluid, for instance, or sharing a marijuana cigarette at a party to show they are part of the crowd.

Let's get back to your suspicions, based on your child's change in behavior, appearance and relationships. You may even have clearer evidence of AOD use. Perhaps, a bottle of whisky in your pantry has disappeared. Or maybe you've discovered traces of marijuana in your child's laundry. What do you do?

First of all, don't blame yourself. Your child's issue with alcohol or other drugs does not mean you are a bad parent. Burdening yourself with guilt will serve no useful purpose; in fact, it could cause you to take on the sole responsibility for your child's problem, which is counterproductive to providing her with the help she needs. It is also important not to jump to conclusions about what the signs mean. It is critical that you calmly and carefully set out to talk with your child to find out as much as possible about what is occurring. Remember, your relationship with your child is your strongest resource.

EARLY INTERVENTION

Professionals in the AOD field have identified four levels of involvement with alcohol and other drugs: use/initiation, misuse/experimentation, abuse/early addiction and addiction/harmful dependence. The earlier you can detect and react to your child's AOD involvement, the better. Just as early detection heightens the cure rate of cancers, so, too, does early intervention increase your chances of ending your child's AOD use.

Experts generally define *intervention* as a series of actions undertaken by family members and others to end an individual's AOD use. Intervention also can be defined as a specific event, during which family members, friends, school counselors, drug treatment professionals and others confront the user with specific details about the harm his or her AOD involvement has caused in their lives. Such an event is generally most appropriate when the AOD involvement has reached the abuse or addiction stage. In the initiation or experimentation stage, intervention usually takes the form of a frank discussion in which parents calmly ask questions and/or state their suspicions or concerns.

While prevention aims to keep children from ever using alcohol or other drugs, intervention is intended to put a halt to existing behavior. Each dynamic has challenges. Yet, some of the actions that are effective in preventing AOD involvement—parental monitoring, for instance, and redirecting the child to a peer group of nonusers—are also effective intervention techniques.

No matter what level of drug use your adolescent child is engaged in, it's important to take immediate intervention steps. "Once a kid starts using, you need to intervene," stresses Sandra Lampe, administrative director for Project HUGS, an intervention agency that works with parents whose children are alcohol- or drug-involved.

Parents who have been referred to Project HUGS generally have children who have progressed beyond the experimentation stage. Yet, Lampe notes that intervention should occur early, if at all possible. Late-stage involvement with alcohol and other drugs can lead to such additional problems as truancy, running away, violence, as well as participation in street gangs, occult groups, white supremacy groups and other subcultures.

Project HUGS (HUGS is an acronym for "Have U Got Support?") serves families throughout Dane County, Wisconsin. Founded in 1985 by Kathy Sorenson, who serves as project director, Project HUGS is staffed by parents who have grappled with an AOD problem in the lives of their own children.

"We are not counselors. We are advocates," says Lampe, who explains that all families undergo an extensive screening. "We work one-on-one with parents. The parents set goals, and the advocates help them plan and prioritize. Our job is to help them through the maze of decisions they have to make (going to court, working with a family therapist, or whatever it may take)."

Many parents do not become aware of their child's AOD problem until it reaches the abuse stage. Even then, Lampe notes, some parents are reluctant to face the signs that point to the problem. "We have a society that blames parents for everything that goes wrong in their child's life," she says. "If a child has an alcohol or other drug problem, they're judged as being a bad parent. No one wants that. And to think that this problem may be going on in their child's life, it is very frightening."

"We help parents move to a new perspective. They did not hold their child down and force them to use drugs," Lampe adds. "It was their child's choice. We're helping parents move beyond that self-imposed guilt."

WARNING SIGNS OF ALCOHOL OR OTHER DRUG USE IN ADOLESCENT CHILDREN

The onset of adolescence brings about changes in a child's world that can make him or her more susceptible to alcohol or drug involvement. As Lampe explains, "Adolescence alone, with all of its normal developmental stages, rebelliousness and nonconformity, automatically places every child 'at-risk' for alcohol or drug involvement." She notes that certain factors in a child's life can raise the risk, including:

- A family history of chemical abuse
- Clinical depression or attention deficit disorder
- Any physical, emotional or learning disability

- Poverty, racial discrimination or unemployment in the family
- Loss of a loved-one through death or divorce
- Being a victim of violence, abuse or neglect.

If your child has been through or is going through any of those experiences, pay particular attention to what is happening in his or her life.

Parental attitudes toward tobacco, alcohol and other drugs also play a role in how the child perceives such substances. If parents smoke and drink alcohol habitually, this will send a dangerous signal to their children that such behavior is acceptable. We know that children tend to imitate their parents and each other. Parents who use alcohol or other drugs to the point of addiction should seek treatment (in their interest and the interest of their children).

In general, parents should monitor their own home environment and behavior to see if it sends signals that drinking alcohol is necessary to their own well-being. Comments such as "What a rough day at the office, I could sure use a drink" imply that alcohol solves problems rather than causes them. Similarly, if parents are quick to use Valium, sleeping pills or other drugs to solve their problems, the implications of this behavior are not lost on their children.

Some warning signs can tip parents off to their child's possible or probable use of alcohol and other drugs. Taken alone, some of these warning signs (such as withdrawal from the family or a change in appearance) are not conclusive evidence of AOD use. Sometimes, they are just normal changes associated with adolescence. But as you go down the list, the symptoms become more meaningful. Taken as a group, they can offer strong evidence of a problem.

- Withdrawal from family members, spending more time alone in room, secrecy
- Changes in sleeping or eating habits
- Increase or decrease in weight
- Change in dress or appearance (suddenly sloppy and unkempt)
- Change in friends

- A drop in grades, unexplained absences from school
- Loss of interest in hobbies or activities
- Sudden clumsiness or lack of coordination
- Sudden lack of energy or ambition
- Memory lapses, short attention span, difficulty in concentration
- Aggressive, hostile or defensive behavior
- Excitability, irritability or restlessness
- Clothing or school supplies that have identification with the drug culture
- Chronic lying
- Alcohol, medications, money or valuables missing from your home
- Slurred or incoherent speech, indicative of use of alcohol or other drugs
- Chronic runny nose, increased susceptibility to colds or infections, perhaps indicative of cocaine or crack use
- Bloodshot eyes or dilated pupils, and bottles of eyedrops to mask them, indicating use of alcohol, marijuana or other drugs
- The smell of alcohol on your child's breath, or use of mouthwash/breath mints in an attempt to cover it up
- Vomiting, morning hangovers or exhaustion, indicative that your child has overindulged on alcohol
- Yellowish stains on teeth and fingers, indicating either tobacco or marijuana use
- The distinctive odor of marijuana on your child's breath, hair or clothes, or use of room deodorizers and mouthwash to cover up the smell
- Strange chemical odors that may indicate use of inhalants, the masking odor of perfumes and incense as a cover-up

- Wearing long-sleeve shirts, even in the summer, perhaps to cover up needle marks on arms
- Presence of drug paraphernalia in room or clothes (roach clips, seeds and rolling papers for marijuana cigarettes; straight-edge razor blades, rolled-up dollar bills and straws for using cocaine; plastic bags and rags for use of inhalants; syringes for injecting narcotics, cocaine and other drugs; water pipes used for smoking crack)

Obviously, some of these warning signs are more conclusive evidence than others. However, Lampe notes that parents should heed the warning signs of AOD use in their children, even if the evidence is not ironclad. "Putting parents in a position where they feel they have to have concrete proof is an impossible situation," she said, noting that the child's home life is probably the last place where evidence of AOD use will be noticed. Evidence is far more likely to show up at school, where falling grades or missed classes become the norm, or in the child's social life, when a new set of friends suddenly takes center stage.

Parents may feel reluctant to confront their child with suspicions of alcohol or other drug use, fearful that the child will protest: "You don't trust me!" As Lampe notes, "Children often use this as a tool to manipulate their parents and conceal their use."

It's not uncommon for adolescent users to claim that any alcohol or drugs that parents may find aren't theirs but belong to a friend. "If you're tempted to buy into this — which, of course, you will be because you want to believe it — here's a reality check: Kids who don't use don't hold drugs for someone else," Lampe said.

Lampe stresses that parents should not feel guilty about making their suspicions known to the child. "Parents feel like they need to justify their actions," she says. "At Project HUGS, we get them to step back from that. We tell them, 'You're the parent, they're the child. You don't need to justify everything to them.'"

HAZARDS OF ADOLESCENT DRUG USE

Some may view drinking and smoking marijuana as relatively innocent experimentation and a natural part of adolescence. However, such experimentation can be dangerous in the preteen and early teen years. For instance, the National Institute on Alcohol Abuse and Alcoholism has found people who begin drinking alcohol at young ages are more likely to develop a clinically defined alcohol disorder. In fact, the NIAAA research study, released in 1998, found that young people who began drinking before age 15 were four times more likely to develop alcohol dependence than those who began drinking at age 21 and more than twice as likely to develop alcohol abuse.

An alarming trend is the younger age at which children first experiment with alcohol or other drugs. A recent University of Michigan study shows that more than 66 percent of 13-year-olds have tried alcohol. "Growing Up Drug-Free," a book available from the U.S. Department of Education, cites the average age at which adolescents start using tobacco at just past 12. The average age at which they start drinking alcohol is nearly 13. And the average age at which they first try marijuana is 14.

Youthful cigarette smoking can also be a precursor to AOD use. For instance, the Substance Abuse and Mental Health Services Administration (SAMSHA) of the U.S. Department of Health and Human Services conducted a national survey on drug abuse in 1994 and 1996, which showed that tobacco users, ages 12 to 17, were more than four times as likely than non-tobacco users in that same age group to have used alcohol in the past month. They were more than 10 times as likely to have used marijuana in the past month.

Another trend among preteens and young teens is the use of inhalants, such as glue, typewriter correction fluid, spray paint and cleaning solutions. Inhalant abuse is the fourth most common form of substance abuse among adolescents (following alcohol, tobacco and marijuana). About one-fifth of eighth graders have tried inhalants. For younger adolescents, inhalants

have the advantage of being readily available. They can find a variety of substances to inhale right in their own home. The horrifying truth is that adolescents can die from concentrated inhaling of these substances—even the first time they try it.

HOW TO RESPOND TO EVIDENCE YOUR CHILD IS USING AOD

If you suspect your child of using alcohol or other drugs, you should voice your concerns in a calm but open manner. If your child comes home drunk or high, wait until she is sober and alert to have a conversation. Don't confront her in an angry, accusatory or threatening way. Don't go off on tangents or blame yourself or your child's friends. Above all, remember that this is not solely your child's problem. It is a family problem, as well as a problem of the larger culture, and you should approach it as a problem you can solve together.

Even though you should be supportive, it is important to allow your child to face the natural or logical consequences of his misuse/abuse of substances. For instance, if your child gets drunk and wrecks the car, let him know he has to deal with both the loss of his license and the cost of the auto repair bill. If your child misses school because she is hung over, let her experience the consequences of an unexplained absence on her school record. As a parent, you should let your child experience the downside of AOD abuse without stepping in to soften the blows.

"The idea is to let the natural consequences fall where they may, and hope they come down hard and make your child miserable," Lampe says. "There is not a parent walking around whose natural instincts are to do that. Everything in your being wants to protect that child, but you have to unhook yourself from that."

Parents who help their children sidestep the consequences of their actions are "enabling" their child's problem. They make excuses or assume the burden of guilt for their child's

actions. They bail their child out of jams or jail, pay their child's fines or write excuses when their child misses school. These actions, rather than helping, only serve to reinforce their child's destructive behavior.

"Parents ask us 'How do I know when I'm doing that?' We always tell them, 'If you're working harder on your child's problem than they are, then you're enabling.'" Lampe explains.

Many experts advocate the use of family contracts as a means of spelling out specific consequences for AOD use by a preteen or teenager. A contract is an agreement between the parents and the child. It states that the child will not use alcohol or other drugs and spells out the consequences if the child breaks the contract. Since the child is involved in determining the consequences, he is more likely to honor the contract or to accept the consequences if the contract is broken.

Lampe acknowledges that some parents have had success in drawing up contracts with their children, with mutually agreed-upon consequences for AOD use. "For early interventions, contracts can be a very effective tool," she says. "For others, the problem is well beyond that. In some cases, a contract can be part of the manipulation, so parents need to be careful with that."

THE NEXT STEP

It's important in the early intervention process to stay close to your child through monitoring. Though parental monitoring is effective as a means of keeping children from trying alcohol or other drugs in the first place, it also can be used as a means of halting a child in the experimental stages of AOD use.

It has been established through various studies that parents' involvement in their children's lives is an effective deterrent to alcohol or other drugs. According to a study published in the September 10, 1997, issue of the *Journal of the American Medical Association*, parent-family

connectedness and perceived school connectedness protected against the use of tobacco, alcohol and marijuana (the three substances specifically studied). The *JAMA* study also determined that easy household access to cigarettes, alcohol and marijuana was associated with greater use by preteens and teenagers.

Another study, published in the June 1994 issue of *Pediatrics,* found that parental monitoring acts a deterrent to substance use. The study reported:

> "High levels of parental monitoring do in fact discourage both boys and girls from beginning to use drugs. In addition, high levels of monitoring also encourage boys who are heavily involved in substance use to lessen their involvement and encourage girls who are experimenting with drugs to stop using them."

The study also determined that adolescents who associate with a peer group that uses alcohol or other drugs are more likely to use those substances. Strongly monitored preteens and teenagers have the impact of double protection from AOD involvement. "They have the protective benefits of effective socialization in the family and, because they themselves are less likely to begin using drugs, they are less likely to find themselves in situations in which they will be exposed to drug-using friends," the researchers reported.

The Search Institute, meanwhile, has identified 40 "developmental assets" that serve as a conceptual framework for raising healthy, confident and caring young people. These assets fit into six categories: providing love and support; setting appropriate boundaries and discipline; involving children in positive, structured activities; nurturing in them a commitment to education and learning; instilling positive values and commitments; and nurturing social competencies. For instance, in the category of love and support, giving a child hugs and affirmation or making time every day to talk with your teenager are asset-building ideas that any family can implement.

There is a difference between monitoring your child's behavior and being an overbearing presence in her life. If through your actions, you give your child the impression you don't trust her or you don't feel she can control her own actions, you may be setting the stage for problems in your relationship.

For instance, at-home drug tests have gotten a lot of publicity recently. However, some professionals in family relationships contend that requiring drug tests can lessen trust between parent and child. "Home drug tests are somewhat controversial," says Jillian Hussey, director of the University of Wisconsin's Adolescent Alcohol/Drug Abuse Intervention Program (highlighted in the Assessment and Treatment section of this brochure). "Their use would depend on the individual situation, but clearly, if a parent is using a home drug test, then the parent and child have lost trust with each other."

Hussey recommends that if parents are going to use home drug testing, they do so openly. Don't gather hair samples without your son's knowledge, for instance. "If you do the test other than openly, that's an indication of how little trust there is and can do more damage to the already difficult relationship," she notes.

However, a teen who is clean and sober may want to willingly submit to random drug testing. "That's one way the teen can show his parents that he has stopped using," Hussey explains. "If a teenager has nothing to hide, he or she should have no problem providing data. If a teen refuses, that might provide useful information in and of itself."

An article in the August, 19, 1998, issue of The Journal of the American Medical Association, also takes exception to the use of these tests:

> "Advocates for home testing argue that the kits enable families to take control and monitor whether their children are using drugs. Although parents do need to know whether their adolescent is using drugs, drug testing is a clinical procedure

that needs to be interpreted in the context of the adolescent's history and examination. The unspoken assumption is that home drug-testing kits adequately test for a drug problem, when in fact a positive test result only represents a snapshot of the recent use of some drugs. Conversely, a negative test result does not imply the absence of drug use or of a drug problem and could give parents a false sense of security."

The JAMA article cites the American Medical Association's 1994 Guidelines for Adolescent Preventive Services, which do not recommend routine urine drug testing. "Drug testing is never a substitute for parental monitoring of adolescents, family discussions about drugs, open communication within families, or professional assessment and intervention," the authors contend.

WHERE TO TURN FOR HELP

Lampe insists that parents are critical to a successful intervention. "The child can undergo the best intervention in the world, but chances of success are very slim unless the parent is involved," she says. "The most successful interventions are the work of teams where the parents are active, equal partners with professionals."

Who besides the parents should be on the team? That's something that Project HUGS works with the parents to decide. "We look at who's already involved in the child's life, what are the missing pieces—what we're doing is teaching parents how to put together a team," says Lampe. Those who are called upon to participate in that intervention team may include law enforcement officials, school personnel, therapists, counselors and others important in the child's life. Some of the best avenues for support in the face of an adolescent's AOD problem include:

- ***Family members.*** Certainly, an adolescent's problem with alcohol or other drugs has an effect on the entire family—not just the child and parents, but also siblings and extended

family members such as grandparents, aunts, uncles and cousins. If your adolescent child is close to someone outside the immediate family, such as an aunt or a grandparent, enlist that person's help in any intervention.

In your immediate family, try to keep up family rituals as a means of maintaining or restoring normalcy to your household. Nightly dinners as a family, outings to the zoo, a family vacation—all of these activities can provide a close-knit feeling that may insulate the child from AOD use or break the cycle of use in the early stages.

- ***Support groups.*** As a defense against AOD involvement, parents may want to form their own support group. Jason D. Baron, M.D., author of Kids & Drugs: A Parent's Handbook of Drug Abuse, Prevention and Treatment, writes that a parental peer group can be started by two or more parents who have identified a problem in their own home or among their children's friends and acquaintances. The support group can be a means for parents to collectively educate themselves about adolescent AOD use and ways to interact with their children to keep them drug-free.

Baron stresses that the most difficult prospect is getting the group started. Many parents will deny that alcohol or other drugs could be a problem in their child's life, so they won't be willing to participate. "For those parents who seem hesitant, you may need to sell the idea, but let them know that you are not accusing them or their children of anything," Baron states. "Merely let them know what you are trying to accomplish and invite their participation."

Parents who are grappling with their child's AOD use may want to turn to established support groups, such as Al-Anon and Families Anonymous, which enable family members to network with people facing similar problems.

- ***School and community support.*** Encouraging your child's participation in school and community activities also can be a strong means of support. The September 1997 JAMA study indicates that a preteen or teenager's connection to school activities is associated with less frequent use of alcohol and marijuana. As the study indicates, an adolescent who participates in sports or extracurricular activities is more in the mainstream of school life and more likely to associate with peers who don't use alcohol and other drugs.

  Similar findings were reported in a study by the Search Institute and the Minnesota Institute of Public Health, conducted in the early 1990s. The study showed that the atmosphere at a school can affect the level of drug use. The research suggests that students are less likely to use drugs in schools that create a climate where drug use is not accepted and where students feel cared for. If a child does become involved in alcohol or other drugs, schools may be able to offer help in the form of counselors and drug education programs.

ASSESSMENT AND TREATMENT

A comprehensive assessment can help parents understand the extent of their child's AOD involvement. Once the assessment has been completed, a reasonable course of action can be determined.

The University of Wisconsin's Adolescent Alcohol/Drug Abuse Intervention Program provides such assessments at no charge for any Dane County resident under age 18 (or up to 21 if they are still in high school or seeking a high school equivalency). Adolescents in this program attend an average of three to four assessment sessions, which include the parents initially and at the final meeting. "The purpose of the assessment is to get an overview of the teen's involvement in alcohol or other drugs and problems associated with their use," explains Hussey, the director of AADAIP.

Among the factors that are evaluated are: family relationships; family history; the adolescent's social, physical and mental health status; any legal issues; school behavior; and history of alcohol or other drug use. The input of school personnel, social workers and other professionals also is considered. Using this information, the program works with teens and their families to identify problem areas and assist them in finding professional help.

The entire assessment process takes about four to five weeks. Assessments are conducted by AADAIP's staff of clinical social workers, who have master's degrees in social work, extensive experience in crisis intervention, AOD and mental health issues, and a wide knowledge of county resources.

"Our goal is not to lecture, but to establish rapport and advocate for the teen," Hussey says. "Many times, kids feel out of sync in their lives, particularly in their interactions with family. If their lives are in disarray, we give them hope. Probably the bottom line is to whatever extent we can, we help the teen realize that something can be done to improve the situation."

Teens come to AADAIP either of their own accord, through their parent's insistence or via a referral from a social services agency, a school, or a municipal or circuit court. "We encounter a wide range of attitudes—from teens who are highly motivated and looking for help to teens who are resistant, withdrawn and angry to teens who are somewhere in between," Hussey reports.

Some of the adolescents undergoing the assessment will deny angrily that they even have a problem. Parents, too, may be in a state of denial: they don't want to believe their child is using alcohol or other drugs. The AADAIP assessment will help adolescents and their parents understand the extent of the problem. "There can be some confusion on the part of the parent," Hussey notes. "They may have noticed a change in their child's behavior, but they're not really sure if their child has a problem."

Even if parents do have conclusive evidence of their adolescent's drug use, sometimes they minimize it. "We sometimes get calls from parents who say, 'I think my child is just experimenting.' Their definition of experimentation may be regular use, whereas my definition is a cluster of two or three times at most. My advice to them is, if you think they're just experimenting, it's not going to hurt anything to find out," Hussey states.

Many parents may be surprised to find out that their child's drug use has gone beyond experimenting. As Hussey reports, "Parents are frequently the last to know if their child has a substance use problem. Teens can be pretty clever about hiding the evidence."

Treatment recommendations from AADAIP cover a wide range of options. For those in the early stages of substance use, a common recommendation is that the family attend an education program that teaches the detrimental effects of AOD use. "This is an environment where everyone can get together to converse about their problems and at the same time learn," Hussey points out.

Other teens will require a stronger course of action. "If the teen is using regularly—maybe experiencing loss of control and perhaps becoming chemically dependent—we might recommend anything from an intense outpatient program involving the teen several times a week (and including the family once or twice a week) to an inpatient program," Hussey reports.

In some cases, other issues underlie the teen's problem with alcohol or other drugs. AADAIP's recommended course of action takes that into account. "We try to tailor our recommendation to the individual situation," Hussey explains. "For instance, if there is sexual or physical abuse, it could be driving the substance use problem. In that case, we may have to address the primary problem while at the same time trying to get a handle on the substance abuse problem. Or the substance use problem may have to be solved first in order to address the primary problem adequately."

Hussey reports that parental support is the most important factor in successfully leading teenagers back toward abstinence. However, it's important that parents not expect overnight results. For instance, an outpatient program may take 8 to 12 weeks to stabilize the problem. Ongoing individual or group AOD counseling on a less frequent basis for an additional two to three months can also be a key factor in maintaining abstinence. Even then, parents should prepare for the possibility of a relapse.

"Parents should realize that someone who has a substance abuse problem may not have total resolution after the first program they've been in," said Hussey. "We try to prepare parents for what it means to go into treatment and what the long haul may entail. While relapses are not infrequent, parents shouldn't anticipate a relapse—at least not verbally—but if it does happen, they should continue to be supportive and express to their teen that they'll do everything in their power to help."

For both physiological and psychological reasons, those who are addicted to alcohol or another drug are more likely to experience relapse than those whose substance use stopped in an earlier stage. However, studies have shown that the possibility of relapse is lessened by more extended treatments and sufficient support afterward.

Teenagers have a higher relapse rate than adults, according to the 1989 CATOR report, "Adolescent Treatment Completers One Year Later." This points to the need for continuing care beyond the initial treatment. In fact, the CATOR study revealed that adolescents who participated in ongoing treatment or support groups remained abstinent in significantly greater numbers than those who did not.

Parents should be aware of signs of a possible relapse in their child, such as irritability, anxiety and guilt. At the same time, parents should not be overly suspicious to protect the bond of trust they are working to reestablish with their teen. As Hussey notes, "If the minute they

come in the door, you pounce on them or start smelling their breath, the teen is liable to think, 'What's the use? They don't trust me anyway.'"

A strong, caring relationship can go a long way in helping a teenager stay sober. "Prevention and maintenance of abstinence really involve the same thing," Hussey reports. "Make it so your teen knows that he can come to you for support and understanding."

In fact, according to Pediatric Clinics of North America, adolescents whose parents participate fully in the treatment process experience greater success rates than those with no parental involvement.

Hussey stresses the importance of parents setting a good example for their children, noting that a significant number of parents of the teens who come to AADAIP for assessment have their own problems with substance use. "If you do use alcohol, use it responsibly — not to become intoxicated or to release stress and anxiety," she advised. "Let your children know that when you do drink, it's because of the social aspects and the fact you like the taste — not for the results."

A teenager's attempt to stay free of alcohol or other drugs may be undermined by continued association with peers who use these substances. Yet, Hussey advised parents to tread carefully when it comes to dictating their child's relationships. "It's difficult to tell your teen that he can't associate with his friends," Hussey reports. "Instead, try to get to know your child's friends. Be respectful but let your teen know that part of your parental responsibility is to maintain a safe environment for her." If your teen does have a friend who is involved with alcohol or other drugs, it's time for a frank discussion. Let your teen know that you are worried not only about her but also about the well-being of her friend.

Some teenagers who had been hard-core users may rationalize that they can handle an occasional drink or smoke marijuana without ill effect. However, Hussey stresses, "If the teen has already been way out of control, there really is only one choice — abstinence."

Parents and their children should realize that the road to abstinence is not a smooth one, but they don't have to travel it alone. With the support of other family members, parents, schools, social agencies, intervention programs and treatment organizations, you and your adolescent can complete the journey to a new family life free of alcohol or other drugs.

GENERAL INTERVENTION RESOURCES

Al-Anon Family Group Headquarters Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
1-888-4AL-ANON
www.al-anon.org

American Council for Drug Education
164 W. 74th St.
New York, NY 10023
(800) 488-DRUG; (212) 355-3236
www.acde.org

Hazelden Foundation
P.O. Box 11, CO3
Center City, MN 55012-0011
(800) 257-7810
www.hazelden.com

The National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
(301) 468-0985
www.health/org/nacoa

24

The National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
www.health.org

The National Council on Alcoholism and Drug Dependence
12 West 21st Street, 7th Floor
New York, NY 10010
800-NCA-CALL or (212) 206-6770
www.ncadd.org

National Inhalant Prevention Coalition
1201 W. Sixth St., Suite C-200
Austin, TX 78703
(800) 269-4237; (512) 480-8953
www.inhalants.com

The National Institute on Alcohol Abuse and Alcoholism
The National Institutes of Health
6000 Executive Blvd.—Willco Bldg.
Bethesda, MD 20892-7003
(301) 496-1993
www.niaaa.nih.gov

Parent Resources Institute on Drug Education (PRIDE)
3610 DeKalb Technology Pkwy., Suite 105
Atlanta, GA 30340
(800) 853-7867; (770) 458-9900
www.prideusa.org

Project HUGS
2222 E. Washington Ave.
Madison, WI 53704
(608) 246-4466

Safe and Drug-Free Schools Program
U.S. Department of Education
400 Maryland Ave. SW
Washington, D.C. 20202-6123
(202) 260-3954; Publications: (877) 433-7827
www.ed.gov/offices/OESE/SDFS

University of Wisconsin Hospital and Clinics
Adolescent Alcohol/Drug Abuse Intervention Program
122 E. Olin Ave., Suite 275
Madison, WI 53713-1400
(608) 262-1111

Search Institute
700 S. Third St., Suite 210
Minneapolis, MN 55415-1138
(800) 888-7828; (612) 376-8955
www.search-institute.org

Narcotics Anonymous
P.O. Box 9999
Van Nuys, CA 91409-9099
(818) 773-9999
www.na.org

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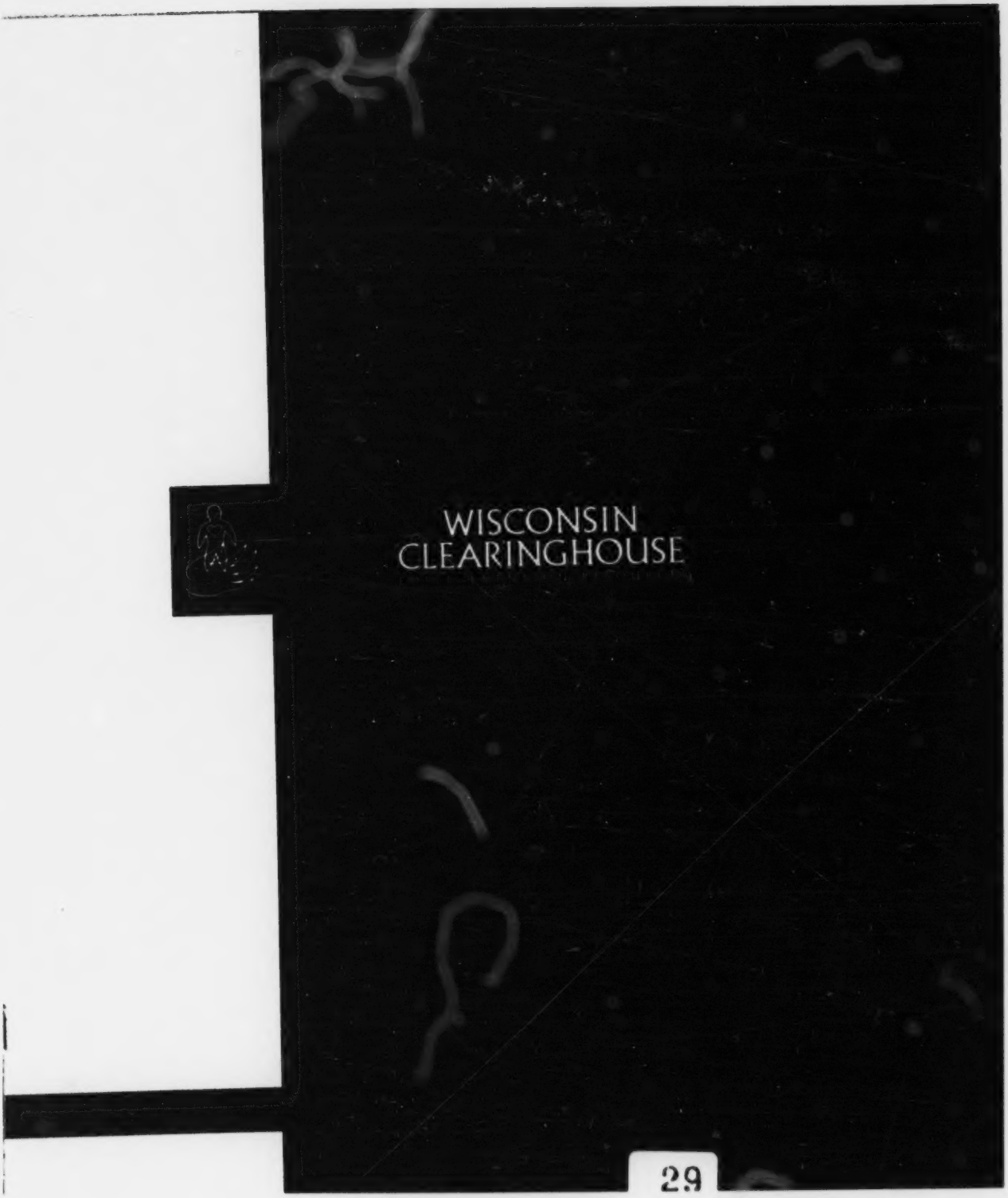
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